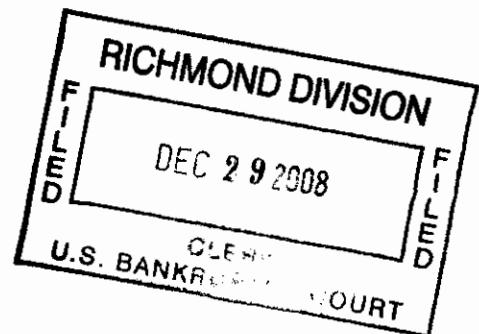


December 22, 2008



William C. Redden, Clerk of Court
United States Bankruptcy Court
701 E. Broad Street, Suite 4000
Richmond, VA 23219

Dear Mr. Redden,

Please be advised that Servpro of 43454 N I94 Service Drive in Belleville, MI 48111 is not a creditor of Circuit City. We request that our name be removed from their mailing list of creditors.

Sincerely,

D. Allen,
Bookkeeper
Servpro of Canton
Servpro of Washtenaw

Enclosure

RECEIVED DEC 22 2008

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA

PROOF OF CLAIM

Debtor against which claim is asserted: (Check only one box below:)

Circuit City Stores, Inc. (Case No. 08-35653)
 Circuit City Stores West Coast, Inc. (Case No. 08-35654)
 InterTAN, Inc. (Case No. 08-35655)
 Ventoux International, Inc. (Case No. 08-35656)
 Circuit City Purchasing Company, LLC (Case No. 08-35657)
 CC Aviation, LLC (Case No. 08-35658)

CC Distribution Company of Virginia, Inc. (Case No. 08-35659)
 Circuit City Stores PR, LLC (Case No. 08-35660)
 Circuit City Properties, LLC (Case No. 08-35661)
 Orbyx Electronics, LLC (Case No. 08-35662)
 Kinzer Technology, LLC (Case No. 08-35663)
 Courchevel, LLC (Case No. 08-35664)

Abbott Advertising, Inc. (Case No. 08-35665)
 Mayland MN, LLC (Case No. 08-35666)
 Patapsco Designs, Inc. (Case No. 08-35667)
 Sky Venture Corporation (Case No. 08-35668)
 XSStruff, LLC (Case No. 08-35669)
 PRAHS, INC. (Case No. 08-35670)

NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

SERVPRO

SERVPRO
43454 MAIL SERVICE DR
BELLEVILLE MI 48111

NameID: 4524651

PackID: 290203

Telephone number:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:
(If known)

Filed on: _____

Name and address where notices should be sent:

SERVPRO
43454 MAIL SERVICE DR
BELLEVILLE MI 48111

Telephone number:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ _____

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: _____
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Value of Property: \$ _____ Annual Interest Rate ____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the no. and address above. Attach copy of power of attorney, if any.

Date: _____

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



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*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.